



Montessori Learning Center, LLC
2313 Concord Pike
Wilmington, DE 19803
302-478-7114
office@montessorilc.com

For Office Use

Financials	Contract Sent _____	Reg Fee _____
	Contract Rcvd _____	Snack Fee _____
Programming	1st Installment _____	
Program _____	Days _____	
Teacher _____	Start Date _____	

**Application for Admission
Child Information**

Child's Name _____
(Last) (First) (Middle) (Nickname)

Age in September 2023 _____ **Date of Birth** _____
(Years) (Months) (mm/dd/yyyy)

Home Address _____
(Street) (City) (State) (Zip)

Parent & Family Information

Parent's Name _____
(Last) (First) (Relationship)

Home Address _____
(Street) (City) (State) (Zip)

Email _____ **Phone** _____

Employer _____ **Occupation** _____

Parent's Name _____
(Last) (First) (Relationship)

Home Address _____
(Street) (City) (State) (Zip)

Email _____ **Phone** _____

Employer _____ **Occupation** _____

Siblings _____ **Age** _____ _____ **Age** _____
_____ **Age** _____ _____ **Age** _____

Emergency Contacts

Please remember that a note is required letting us know if anyone other than a parent or guardian will be picking up. If someone other than you will be picking up your child on a regular basis, please tell us in writing when they will be scheduled to pick up, and include their full name, relationship, and a contact number where you can be reached. The following people always have my permission to pick up my child:

Name	Relationship	Telephone

Program Information: I am interested in the following program for my child:

Montessori Toddler's (18 mos.—3+ yrs.)

_____ 3 Half-Days _____ 3 Full Days (Circle One) MTW TWTh
_____ 4 Half-Days _____ 4 Full Days (Circle One) MTWTh TWThF
_____ 5 Half-Days _____ 5 Full Days Monday-Friday

Montessori Early Childhood (3—6 yrs.)

_____ 3 Half-Days _____ 3 Full Days (Circle One) MTW TWTh
_____ 4 Half-Days _____ 4 Full Days (Circle One) MTWTh TWThF
_____ 5 Half-Days _____ 5 Full Days Monday-Friday

Montessori Kindergarten (5 yrs.—6 yrs.)

_____ Kindergarten MTWThF

Before and After Care:

Will you need Before or After Care on a regular basis? Yes _____ No _____

_____ AM (7:30—9:00) Expected Drop Off Time: _____ Days: M T W Th F ALL

_____ PM 12:00 or 2:30—6:00pm Expected Pick Up Time: _____ Days: M T W Th F ALL

My Child has previously attended another school/childcare facility: Yes _____ No _____

If Yes, where and how long: _____

Payment

Please send an electronic invoice for my full deposit (non-refundable 1st installment, registration fee, and \$125 snack/supply fee) ****Preferred for Returning Families****

I've included check number _____ in the amount of _____ for the following:
(Check all that apply)

\$50/\$100 Registration Fee 1st Installment \$125 Snack/Supply Fee

Terms and Conditions

An application does not guarantee admittance, and final decisions for the open enrollment period will be decided by 2/28/2023. In addition, a non-refundable deposit of 1/10 of the yearly tuition will be due, with the signed contract, by the required due date to hold a space for your child. New students may be asked to visit with a teacher before joining a class to determine readiness. If it is determined by the school that a student is not yet ready, the tuition deposit may be returned or may be used as a credit for holding a space in the school at MLC's discretion. I agree to the terms and conditions herein.

Name _____ Signature _____ Date _____